

Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for application.

Second international lesbian and gay health conference

The second international lesbian and gay conference and AIDS forum will be held on 20–26 July 1988 at the Boston Park Plaza Hotel and towers in Boston, Massachusetts, USA. The conference is sponsored by the British Gay Medical Association and the American National Lesbian and Gay Health Foundation, the American Association of Physicians for Human Rights, and the George Washington University Medical Centre.

The overall goal of the conference is to constitute an international and national agenda for the next decade and will include topics such as sexual health, mental health issues, and holistic health care.

Further details can be obtained from: NLGHF/AAPHR Programming Committee, P O Box 65472, Washington DC 20035, USA.

Australian and New Zealand conference on sexually transmitted diseases

An Australian and New Zealand conference on sexually transmitted diseases will be held on 25 to 27 August 1988 at the University of Melbourne, Melbourne, Victoria, Australia.

For further information please contact: The Manager, National Australia Bank Ltd Travel Groups/Incentives, 271 Collins Street, Melbourne, Victoria, Australia 3000.

Courses on the acquired immune deficiency syndrome (AIDS)

The Royal College of Physicians of London is organising courses to train general physicians who will be concerned in the care of patients with AIDS. Each course will last for one week (Mondays to Fridays); mornings will be spent at the College and afternoons at one of four hospitals with major AIDS centres in London (St George's, St Mary's, St Stephen's, and the Middlesex). Numbers on each course will be limited to 20, with groups of five attending each hospital. The fee will be £90, and buffet lunch at the college each day and coffee or tea are included.

Starting dates and closing dates for applications are as follows:

<i>Week starting</i>	<i>Closing date for applications</i>
1988	
5 September	26 July
21 November	10 October

For further details and application form, please contact: The Assistant Registrar, Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London NW1 4LE (tel: 01 935 1174).

Institut Alfred Fournier Prix de l'Association des Anciens Élèves et Compagnons, 1988.

Deux prix d'un montant de fr 15 000 chacun destinés à récompenser un travail original ou un ensemble de travaux, dans le domaine des maladies transmises par voie sexuelle (MST), —l'un en sciences fondamentales —l'autre concernant le ou les sujets suivants: Épidémiologie—Biologie—Clinique—Thérapeutique

Les candidats devront adresser le texte de leur travail définitif, dactylographié et rédigé en français, présenté sous forme d'une publication, en six exemplaires, avant le 15 Septembre 1988.

La remise solennelle des Prix 1988 se fera lors de l'Assemblée Générale de l'Association des Anciens Élèves et Compagnons d'Alfred Fournier, en Novembre 1988.

Pour toute demande de renseignements et envoi de candidature, s'adresser au: Secrétariat de l'Association, Institut Alfred Fournier, 25 Boulevard Saint-Jacques, 75680 PARIS CEDEX 14, (Tel: (1) 45 65 27 77).

Corrections

We regret that errors occurred in three letters from P Fisk and colleagues. Corrections are as follows.

Aetiology of urinary symptoms in sexually active women

(April 1987;63:137)

Specimens were taken from the urethra and cervix for *Neisseria gonorrhoeae* and *chlamydiae* and from the vagina for *Trichomonas vaginalis* and *Candida* spp.

How to maximise a limited chlamydial culture service

(December 1987;63:398–9. Coauthor DTP Evans.)

The heading of table 1 should have shown the reason for the chlamydial test being performed, not the reason for patients attending, and the number of controls was 90, rather than the 100 mentioned in the text.

Penicillinase producing gonococci: a spent force?

(February 1988;64:64. Coauthor Andrew Lewis.)

The chemotherapy given was spectinomycin or ampicillin, probenecid, and augmentin.

Authors of letters for publication are reminded that correspondence should be presented in the same way as papers, as outlined under **Advice to authors** on the inside front cover of the journal. It should be double spaced (including references), tables should have headings and be typed on separate pages, and it should be sent with a separate covering letter.

List of current publications

Selected abstracts and titles from recent reports published worldwide are arranged in the following sections:

Syphilis and other treponematoses

Gonorrhoea

Non-specific genital infection and related disorders

(chlamydial infections; mycoplasmal and ureaplasma infections; general)

Pelvic inflammatory disease

Reiter's disease

Trichomoniasis

Candidiasis

Genital herpes

Genital warts

Acquired immune deficiency syndrome

Other sexually transmitted diseases

Genitourinary bacteriology

Public health and social aspects

Miscellaneous

Syphilis and other treponematoses

Syphilis in HTLV-III infected male homosexuals

JH SINDRUP, K WEISMANN, GL WANTZIN (Copenhagen, Denmark). *AIDS Research* 1986;2:285-8.

Seronegative secondary syphilis in a patient infected with the human immunodeficiency virus (HIV) with Kaposi's sarcoma: a diagnostic dilemma

CB HICKS, PM BENSON, GP LUPTON, EC TRAMONT (Washington, USA). *Ann Intern Med* 1987;107:492-5.

A man aged 31, in whom antibody to human immunodeficiency virus (HIV) had been identified in November 1985 and Kaposi's sarcoma diagnosed in January 1986, was admitted to hospital in March 1987 and investigated for chills, fever, night sweats, and generalised malaise. Extensive investigations, including culture of body fluids for bacteria, mycobacteria, viruses, and fungi, gave negative results. After an initial spontaneous improvement in his condition he was readmitted one month later with a diffuse erythematous non-pruritic maculopapular rash of centripetal distribution, weight loss, and recurrent fever with night sweats. The patient denied recent sexual contact or previous lesions suggestive of a chancre, and routine serological screening in

December 1986 had given a negative result to the venereal disease research laboratory (VDRL) and fluorescent treponemal antibody-absorbed (FTA-ABS) tests. Once again cultures were taken and VDRL and FTA-ABS tests performed on two occasions. Despite all tests giving negative results, there remained a strong clinical impression that the current illness was syphilis. Previously obtained skin biopsy samples were stained with a Warthin-Starry silver stain, and numerous spirochaetes were identified in both the epidermis and dermis. Intramuscular penicillin was administered and on the day of treatment (20 days after previous negative results) the VDRL test result was reported as being positive at a titre of 1/8 and the FTA-ABS was reactive for the first time.

Homosexual men are at increased risk of acquiring both syphilis and HIV infection. The latter is known to reduce the immune response to many infections, and this patient was at risk, having decreased numbers of T helper cells and being non-reactive for skin test antigens at diagnosis. Not only does this impairment of the immune repair have important consequences regarding the diagnosis of syphilis in patients with HIV infection, as the symptoms and signs of syphilis could easily be mistaken for the manifestations of progressive HIV infection itself, but also in the potential for the rapid progression of syphilis in the immunocompromised host. This has already been reported in the case of the accelerated develop-

ment of neurosyphilis in four homosexual men.

W Stack

Evaluation of cerebrospinal fluid in asymptomatic late syphilis

PS GRAMAN, MA TRUPEI, RC REICHMAN (Rochester, USA). *Sex Transm Dis* 1987;14:205-8.

Identification of *Treponema pallidum* penicillin-binding proteins

TM CUNNINGHAM, JN MILLER, MA LOVETT (Los Angeles, USA). *J Bacteriol* 1987;169:5298-300.

Gonorrhoea

Gonococcal endocarditis: a case report and review of the literature

JV JURICA, CA BOMZER, AC ENGLAND (Urbana, USA). *Sex Transm Dis* 1987;14:231-3.

Bactericidal properties of urine for *Neisseria gonorrhoeae*

RC NOBLE, MC PAREKH (Lexington, USA). *Sex Transm Dis* 1987;14:221-6.

Underlying complement deficiency in patients with disseminated gonococcal infection

RT ELLISON, JG CURD, PF KOHLER, B RELLER, FN JUDSON (Denver, USA). *Sex Transm Dis* 1987;14:201-4.

Preliminary observations on lactoferrin secretion in human vaginal mucus: variation during the menstrual cycle, evidence of hormonal regulation and implications for infection with *Neisseria gonorrhoeae*

MS COHEN, BE BRITIGAN, M FRENCH, K BEAN (Chapel Hill, USA). *Am J Obstet Gynecol* 1987;157:1122-5.

Rapid identification of pathogenic *Neisseria* species and *Branhamella catarrhalis*

B HUGHES, MT PEZZLO, LM de la MAZA, EM PETERSON (Orange, USA). *J Clin Microbiol* 1987;25:2223-4.

A recombinant molecule from a disseminating strain of *Neisseria gonorrhoeae* that confers bactericidal resistance

WM McSHAN, RP WILLIAMS, RA HULL (Houston, USA). *Infect Immun* 1987;55:3017-22.

Spectinomycin-resistant gonococcal infections in the United States, 1985-1986

JM ZENILMAN, LJ NIMS, MA MENEGUS, F NOLTE, JS KNAPP (Atlanta, USA). *J Infect Dis* 1987;156:1002-4.

Non-specific genital infection and related disorders (chlamydial infections)

Correlation between chlamydia infection and clinical evaluation, vaginal wet smear and cervical swab test in female adolescents

H THEJLS, VA RAHM, G ROSEN, H GNARPE (Gävle, Sweden). *Am J Obstet Gynecol* 1987;157:974-6.

Chlamydial serology in patients with intra-amniotic infection and controls

RS GIBBS, J SCHACHTER (San Francisco, USA). *Sex Transm Dis* 1987;14:213-5.

Comparison of *Chlamydia trachomatis* serovars causing rectal and cervical infections

RC BARNES, AM ROMPALO, WE STAMM (Atlanta, USA). *J Infect Dis* 1987;156:953-8.

Cloning, expression, and primary structure of a *Chlamydia trachomatis* binding protein

R KAUL, KL ROY, WM WENMAN (Edmonton, Canada). *J Bacteriol* 1987;169:5152-6.

Non-specific genital infections and related disorders (mycoplasmal and ureaplasma infections)

The role of mycoplasmas, ureaplasmas and chlamydiae in the genital tract of women presenting in spontaneous early preterm labour

RF LAMONT, D TAYLOR-ROBINSON, JS WIGGLESWORTH, PM FURR, RT EVANS, MG ELDER (Southampton, England). *J Med Microbiol* 1987;24:253-7.

Transmission rate of *Ureaplasma urealyticum*, *Mycoplasma* spp, *Gardnerella vaginalis*, *B-streptococci*, *Candida* spp and *Chlamydia trachomatis* from the mother to the newborn

A REMPEN, J MARTIUS, AA HARTMANN, I WECKER (Würzburg, Federal Republic of Germany). *Arch Gynecol Obstet* 1987;241:165-70.

Non-specific genital infection and related disorders (general)

Progress in management of epididymitis?

LEADING ARTICLE. *Lancet* 1987;ii:1310-1.

Roxithromycin in non-gonococcal urethritis

A LASSUS, A SEPPALA (Helsinki, Finland). *J Antimicrob Chemother* 1987;20 suppl B:157-65.

Pelvic inflammatory disease

The use of pelvic ultrasonography in the evaluation of adolescents with pelvic inflammatory disease

N GOLDEN, H COHEN, G GENNARI, S NEUHOFF (New York, USA). *Am J Dis Child* 1987;141:1235-8.

Reiters disease

Treating Reiter's syndrome

LEADING ARTICLE. *Lancet* 1987;ii:1125-6.

Trichomoniasis

Enzyme-linked immunosorbent assay for the diagnosis of trichomoniasis in women

L SIBAU, D BEBB, EM PROCTOR, WR BOWIE (Vancouver, Canada). *Sex Transm Dis* 1987;14:216-20.

Candidiasis

Evidence for a correlation between proteinase secretion and vulvovaginal candidosis

A CASSONE, F de BERNARDIS, F MONDELLO, T CEDDIA, L AGATENS (Rome, Italy). *J Infect Dis* 1987;156:777-83.

Genital herpes

Acute ascending necrotizing myelopathy caused by herpes simplex virus type 2

CA WILEY, PD VANPATTEN, PM CARPENTER, HC POWELL, LJ THAL (La Jolla, USA). *Neurology* 1987;37:1791-4.

Effects on infants of a first episode of genital herpes during pregnancy

ZA BROWN, LA VONTVER, J BENEDETTI, et al (Seattle, USA). *N Engl J Med* 1987;317:1246-51.

Improved DNA hybridization method for detection of acyclovir-resistant herpes simplex virus

EM SWIERKOSZ, DR SCHOLL, JL BROWN, JD JOLICK, CA GLEAVES (St Louis, USA). *Antimicrob Agents Chemother* 1987;31:1465-9.

Leukocyte interferon for treating first episodes of genital herpes in women

GJ PAZIN, JH HARGER, JA ARMSTRONG, et al (Pittsburgh, USA). *J Infect Dis* 1987;156:891-8.

Efficacy of interferon and placebo in the treatment of recurrent genital herpes: a double-blind trial

A LASSUS, I BERGELIN, A PALORANTA, E RINNE, A ESKELINEN, K SAILA (Helsinki, Finland). *Sex Transm Dis* 1987;14:185-90.

Genital warts

Symptomatic and asymptomatic cervical infections with human papillomavirus during pregnancy

KH FIFE, RE ROGERS, BW ZWICKL (Indianapolis, USA). *K Infect Dis* 1987;156:904-11.

Colposcopic correlates of cervical papillomavirus infection

MM FOLLEN, RU LEVINE, E CARILLO, RM RICHART, G NUOVO, CP CRUM (New York, USA). *Am J Obstet Gynecol* 1987;157:809-14.

Human papillomavirus deoxyribonucleic acid in lesions of the female genital tract: evidence for type 6/11 in squamous carcinoma of the vulva

GP SUTTON, FB STEHMAN, CE EHRLICH, A ROMAN (Indianapolis, USA). *Obstet Gynecol* 1987;70:564-8.

The aim of this study was to assess the distribution of human papillomavirus (HPV) types in condylomata acuminata and in invasive lesions of the cervix and vulva. The authors report the results obtained from selected patients—10 with condylomata, two with carcinoma-in-situ of the cervix, two with carcinoma-in-situ of the vulva, 27 with invasive carcinoma of the cervix, and nine with invasive vulvar carcinoma (total = 50). Analysis of specimens by dot blot hybridisation for HPV types 6, 16, or 18 is described in detail. The number of genomes (viral copy number) per cell was estimated by comparing the hybridisation signal found with the total cellular DNA and that obtained with standard viral DNA. A copy number of one genome or more per cell was considered positive, and when there were four or more genomes per cell the results were confirmed by reverse blot technique. The patients were analysed in three groups and the results tabulated for DNA related to each HPV type—6/11, 16, and 18.

The predominant HPV type in condylomatous and pre-invasive disease was related to 6/11 (found in 11/14), and types 18 or 16, or both, were found in 8/14, although the authors suggest that this may reflect cross hybridisation between types 6 and 16 when large copy numbers of type 6 are present (which might account for three cases). In keeping with previous reports, DNA related to HPV 16 was more common in invasive cervical carcinoma (found in 15/27) with six of these patients showing evidence of mixed infection with type 6/11. Only three of 27 had

related to DNA HPV 6/11 in isolation.

The important finding in this study was that evidence of DNA related to HPV 6/11 was found in seven of nine patients with proved invasive carcinoma of the vulva, whereas evidence of DNA related to HPV 16 or 18 was found in only three, and in each case, as part of a mixed infection. The difference in distribution of type 6/11 between vulvar and cervical carcinomas was significant ($p = 0.029$) although that of type 16 was not. The authors conclude by stating that care must be taken not to interpret the presence of DNA related to HPV 6/11 alone as an indicator of non-invasive disease. This interesting finding is in contrast to other published reports and will need further study for confirmation.

C Thompson

High prevalence of papillomavirus-associated penile intraepithelial neoplasia in sexual partners of women with cervical intraepithelial neoplasia

R BARRASSO, J DE BRUX, O CROISSANT, G ORTH (Paris, France). *N Engl J Med* 1987;317:916-23.

Several recent papers have highlighted the usefulness of the colposcope as a diagnostic tool in examining male sexual partners of women with evidence of human papillomavirus (HPV) infection or cervical intraepithelial neoplasia (CIN). In this large study from Paris, the authors report their findings in a group of 480 men, 294 of whom were sexual partners of women with cervical flat condylomas, and 186 of women with CIN. All were examined by colposcopy before and after application of 5% acetic acid. In addition to colposcopy, 267 biopsies were performed on 255 of the men to analyse morphological and histological features. Sixty of these biopsy specimens were also analysed for the presence of HPV DNA and to identify subtypes.

In 309 (64.4%) of the 480 men examined, clinical or colposcopic evidence of HPV associated lesions were found, figures that conform with findings in previous studies. In 204 (43%) of these men the lesions were visible only after the application of 5% acetic acid, which underlines the value of this procedure. Clinical or histological evidence of condylomata acuminata were found in 121 (41.2%) partners of women with condylomata, but in only 10 (5.4%) partners of women with CIN. In contrast, penile lesions showing features of intraepithelial neoplasia were found in 61 (32.8%) partners of women with CIN but in only 4 (1.4%) of women with condylomata. The high incidence of

penile intraepithelial neoplasia seen in the study, 73 (29%) out of 255 men studied, is surprising considering the relatively low incidence of penile carcinoma. Thirty six (60%) of the 60 biopsy specimens analysed contained HPV DNA sequences. HPV types 16 and 33 were almost exclusively found in penile intraepithelial neoplasia. Types 6, 11, and the newly recognised type 42 were found in lesions showing condylomata or minimal histological changes. Ten of the 12 penile lesions containing HPV types 16 or 33 showed histological features of intraepithelial neoplasia. The correlation between intraepithelial neoplasia and the potentially oncogenic HPV types seems as close as in women. Also nine of the 11 partners of men with penile intraepithelial neoplasia associated with HPV 16 and HPV 33 themselves had CIN. These findings support the theory of sexual transmission of potentially oncogenic HPV types and the existence of a male reservoir of such viruses.

The natural history of penile intraepithelial neoplasia remains to be elucidated. The extent to which clinically invisible HPV lesions should be sought by colposcopy and how aggressive the treatment of such lesions should be also has yet to be defined.

S V Devendra

A one-step method for detecting and typing human papillomavirus DNA in cervical scrape specimens from women with cervical dysplasia

DH WEBB, RE ROGERS, KH FIFE (Indianapolis, USA). *J Infect Dis* 1987;156:912-9.

Quantitative DNA analysis of low grade cervical intraepithelial neoplasia and human papillomavirus infection by static and flow cytometry

KC WATTS, OAN HUSAIN, MJ CAMPION, *et al* (London, England). *Br Med J* 1987;295:1090-2.

Tissue macrophage response in human papillomavirus infection and cervical intraepithelial neoplasia

SK TAY, D JENKINS, P MADDOX, N HOGG, A SINGER (London, England). *Br J Obstet Gynaecol* 1987;94:1094-7.

The clinical management and laboratory assessment of anal warts

BJ PARKER, YE COSSART, CH THOMPSON, BR ROSE, BR HENDERSON (Sydney, Australia). *Med J Aust* 1987;147:59-63.

Infrared coagulation in the treatment of condyloma acuminata in the female genital tract

Z BEKASSY, L WESTRÖM (Lund, Sweden). *Sex Transm Dis* 1987;14:209-12.

Acquired immune deficiency syndrome

Surveillance of AIDS in the United Kingdom
A McCORMICK, H TILLET, B BANNISTER, J EMSLIE (London, England). *Br Med J* 1987; **295**:1466-9.

AIDS in Africa: a public health priority

P PIOT, R COLEBUNDERS, M LAGA, JO NDINYA-ACHOLA, G van der GROEN, FA PLUMMER (Antwerp, Belgium). *J Virol Methods* 1987; **17**: 1-10.

Campaign against AIDS in Switzerland: evaluation of a nationwide educational programme

P LEHMANN, D HAUSER, B SOMAINI, F GUTZWILLER (Lausanne, Switzerland). *Br Med J* 1987; **295**:1118-20.

AIDS in prison

TW HARDING (Geneva, Switzerland). *Lancet* 1987; **ii**:1260-3.

Acute infection with the human immunodeficiency virus (HIV) associated with acute brachial neuritis and exanthematous rash

LH CALABRESE, MR PROFFITT, KH LEVIN, B YENLIEBERMAN, C STARKEY (Cleveland, USA). *Ann Intern Med* 1987; **107**:849-51.

Severe herpes zoster ophthalmicus in young African adults: a marker for HTLV-III seropositivity

P KESTELYN, AM STEVENS, E BAKKERS, D ROUVROY, P van de PERRE (Baltimore, USA). *Br J Ophthalmol* 1987; **71**:806-9.

Cancer in a group at risk of acquired immunodeficiency syndrome (AIDS) through 1984

RJ BIGGAR, J HORM, JJ GOEDERT, M MELBYE (Bethesda, USA). *Am J Epidemiol* 1987; **126**:578-86.

Cytomegalovirus esophagitis in AIDS: radiographic features in 16 patients

EJ BALTHAZAR, AJ MEGIBOW, D HULNICK, KC CHO, E BERANBAUM (New York, USA). *American Journal of Roentgenology* 1987; **149**:919-23.

Hepatic disease in patients with the acquired immune deficiency syndrome (AIDS)

DJ SCHNEIDERMAN, DM ARENSON, JP CELLO, W MARGARETTEN, TE WEBER (San Francisco, USA). *Hepatology* 1987; **7**:925-30.

Major histocompatibility antigen expression in the liver in acquired immunodeficiency

syndrome

J SIERATZKI, SN THUNG, MA GERBER, S FERRONE, F SCHAFFNER (New York, USA). *Arch Pathol Lab Med* 1987; **111**:1045-9.

Salmonellosis during infection with human immunodeficiency virus

SJ SPERBER, CJ SCHLEUPNER (Salem, USA). *Rev Infect Dis* 1987; **9**:925-34.

Incidence of salmonellosis in patients with AIDS

CL CELUM, RE CHAISSON, GW RUTHERFORD, JL BARNHART, DF ECHENBERG (San Francisco, USA). *J Infect Dis* 1987; **156**:998-1001.

Pathology of the spleen in the acquired immunodeficiency syndrome

EC KLATT, PR MEYER (Los Angeles, USA). *Arch Pathol Lab Med* 1987; **111**:1050-3.

Pathology of the heart in acquired immunodeficiency syndrome

EO ROLDAN, L MOSKOWITZ, GT HENSLEY (Miami, USA). *Arch Pathol Lab Med* 1987; **111**:943-6.

Acquired immunodeficiency syndrome-associated psoriasis and Reiter's syndrome

M DUVIC, TM JOHNSON, RP RAPINI, T FREESE, G BREWTON, A RIOS (Houston, USA). *Arch Dermatol* 1987; **123**:1622-32.

Serosurvey of human immunodeficiency virus infection in parturients: implication for human immunodeficiency virus testing programs of pregnant women

S LANDESMAN, H MINKOFF, S HOLMAN, S McCALLA, O SUIJN (New York, USA). *JAMA* 1987; **258**:2701-3.

More on human immunodeficiency virus embryopathy

S IOSUB, M BAMI, RK STONE, DS GROMISCH, E WASSERMAN (New York, USA). *Pediatrics* 1987; **80**:512-6.

Abnormal sweat electrolytes in symptomatic human immunodeficiency virus infection in a child.

CH SKEOCH, NA COUTTS, KM GOEL, EA FOLLETT (Glasgow, Scotland). *Br Med J* 1987; **295**:1445-6.

Care of pregnant women infected with human immunodeficiency virus

HL MINKOFF (New York, USA). *JAMA* 1987; **258**:2714-7.

Transmission of the human immunodeficiency virus

GH FRIEDLAND, RS KLEIN (New York, USA). *N Engl J Med* 1987; **317**:1125-35.

Factors associated with prevalent human immunodeficiency virus (HIV) infection in the multicenter AIDS cohort study

JS CHMIEL, R DETELS, RA KASLOW, *et al* (Chicago, USA). *Am J Epidemiol* 1987; **126**:568-77.

Heterosexual transmission of acquired immunodeficiency syndrome: international perspectives and national projections

NS PADIAN (Berkeley, USA). *Rev Infect Dis* 1987; **9**:947-60.

Heterosexually acquired infection with human immunodeficiency virus (HIV): a view from the III international conference on AIDS

ME CHAMBERLAND, TJ DONDERO (Atlanta, USA). *Ann Intern Med* 1987; **107**:763-6.

Cultural practices contributing to the transmission of human immunodeficiency virus in Africa

DB HRDY (Sacramento, USA). *Rev Infect Dis* 1987; **9**:1109-19.

Patient safety and doctors with HIV infection

MW ADLER (London, England). *Br Med J* 1987; **295**:1297-8.

Risk of human immunodeficiency virus (HIV-1) infection among laboratory workers

SH WEISS, JJ GOEDERT, S GARTNER, *et al* (Bethesda, USA). *Science* 1988; **239**:68-71.

Acquired immunodeficiency syndrome and the clinical laboratory worker

EK GOTTFRIED (San Francisco, USA). *Arch Pathol Lab Med* 1987; **111**:1024-5.

Survival with the acquired immunodeficiency syndrome: experience with 5833 cases in New York city

R ROTHENBERG, M WOELFEL, R STONEBURNER, J MILBERG, R PARKER, B TRUMAN (Atlanta, USA). *N Engl J Med* 1987; **317**:1297-302.

The immunological and clinical outcome of HIV infection: 31 months of follow-up in a cohort of homosexual men

J GERSTOFT, CS PETERSEN, S KROON, *et al* (Copenhagen, Denmark). *Scand J Infect Dis* 1987; **19**:503-9.

Long term evaluation of HIV antigen and antibodies to p24 and gp41 in patients with hemophilia: potential clinical importance

J-P ALLAIN, Y LAURIAN, DA PAUL, *et al* (Abbott Park, USA). *N Engl J Med* 1987; **317**:1114-21.

Correlation of serum HIV antigen and antibody with clinical status in HIV-infected

patients

DA PAUL, LA FALK, HA KESSLER (Chicago, USA). *J Med Virol* 1987;22:357-63.

The metabolic pathology of the AIDS dementia complex

DA ROTTENBERG, JR MOELLER, SC STROTHER, *et al* (New York, USA). *Ann Neurol* 1987;22:700-6.

Pathogenesis of HIV and its implications for serodiagnosis and monitoring of antiviral therapy

J GOUDSMIT, JMA LANGE, WJA KRONE, *et al* (Amsterdam, the Netherlands). *J Virol Methods* 1987;17:19-34.

Activation of the human immunodeficiency virus by herpes simplex virus type 1

JM OSTROVE, J LEONARD, KE WECK, AB RABSON, HE GENDELMAN (Bethesda, USA). *J Virol* 1987;61:3726-32.

Infection of the retina by human immunodeficiency virus type 1

RJ POMERANTZ, DR KURITZKES, SM de la MONTE, *et al* (Boston, USA). *N Engl J Med* 1987;317:1643-7.

Isolation of human immunodeficiency virus (HIV) from plasma during primary HIV infection

J ALBERT, H GAINES, A SÖNNERBORG, *et al* (Stockholm, Sweden). *J Med Virol* 1987;23:67-73.

Persistent productive infection of human glial cells by human immunodeficiency virus (HIV) and by infectious molecular clones of HIV

S DEWHURST, K SAKAI, J BRESSER, M STEVENSON, MJ EVINGER-HODGES, DJ VOLSKY (New York, USA). *J Virol* 1987;61:3774-82.

Superinfection of a chimpanzee with a second strain of human immunodeficiency virus

PN FULTZ, A SRINIVASAN, CR GREENE, D BUTLER, RB SWENSON, HM McCLURE (Atlanta, USA). *J Virol* 1987;61:4026-9.

Blocking of HIV-1 infectivity by a soluble, secreted form of the CD4 antigen

DH SMITH, RA BYRN, SA MARSTERS, T GREGORY, JE GROOPMAN, DJ CAPON (San Francisco, USA). *Science* 1987;238:1704-7.

Detecting human immunodeficiency virus RNA in peripheral blood mononuclear cells by nucleic acid hybridization

DD RICHMAN, JA McCUTCHAN, SA SPECTOR (San Diego, USA). *J Infect Dis* 1987;156:823-7.

Comparison of antigen assay and reverse**transcriptase assay for detecting human immunodeficiency virus in culture**

P FEORINO, B FORRESTER, C SCHABLE, D WARFIELD, G SCHOCHETMAN (Atlanta, USA). *J Clin Microbiol* 1987;25:2344-6.

Antibody that inhibits human immunodeficiency virus reverse transcriptase and association with inability to isolate virus

K SANO, MH LEE, F MORALES, *et al* (Los Angeles, USA). *J Clin Microbiol* 1987;25:2415-7.

Anti-class II antibodies in AIDS patients and AIDS-risk groups

—S de la BARRERA, L FAINBOIM, S LUGO, *et al* (Buenos Aires, Argentina). *Immunology* 1987;62:599-604.

Human immunodeficiency virus (HIV) antibody testing

GUIDANCE FROM AN OPINION PROVIDED FOR THE BRITISH MEDICAL ASSOCIATION BY MR MICHAEL SHERRARD QC AND MR IAN GATT. *Br Med J* 1987;295:911-2.

New developments in ELISA verification of anti-HIV screening in blood donors

JA HELLINGS, H THEUNISSEN, W KEUR, S SIEBELINK-LIAUW (Oss, The Netherlands). *J Virol Methods* 1987;17:11-7.

Immunofluorescence tests for HIV antibody and their value as confirmatory tests

G van der GROEN, G VERCAUTEREN, P PIOT (Antwerp, Belgium). *J Virol Methods* 1987;17:35-43.

The latex condom, an efficient barrier against sexual transmission of AIDS-related viruses

P van de PERRE, D JACOBS, S SPRECHER-GOLDBERGER (Brussels, Belgium). *AIDS* 1987;1:49-51.

Perspectives of HIV vaccine developments

F-J FERDINAND, F DORNER, R KURTH (Frankfurt, Federal Republic of Germany). *J Virol Methods* 1987;17:63-7.

Neutralisation of HIV isolates by anti-idiotypic antibodies which mimic the T4 (CD4) epitope: a potential AIDS vaccine

AG DALGLEISH, BJ THOMSON, TC CHANH, M MALKOVSKY, RC KENNEDY (Harrow, England). *Lancet* 1987;ii:1047-50.

Potential use of serotherapy in the prevention and treatment of infection with the human immunodeficiency virus

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Rebavirin treatment of the acquired immunodeficiency syndrome (AIDS) and the acquired-immunodeficiency-syndrome-related complex (ARC): a phase I study shows transient clinical improvement associated with suppression of the human immunodeficiency virus and enhanced lymphocyte proliferation

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MS SMITH, EL BRIAN, JS PAGANO (Chapel Hill, USA). *J Virol* 1987;61:3769-73.

Other sexually transmitted diseases

Chancroid in the United States: re-establishment of an old disease

GP SCHMID, LL SANDERS, JH BLOUNT, ER ALEXANDER (Atlanta, USA). *JAMA* 1987;258:3265-8.

Outbreak of severe hepatitis due to delta and hepatitis B viruses in parenteral drug abusers and their contacts

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Perinatal transmission of hepatitis B virus in high-incidence countries

Y GHENDON (Geneva, Switzerland). *J Virol Methods* 1987;17:69-79.

Detection of hepatitis B virus DNA in asymptomatic hepatitis B surface antigen carriers: relation to sexual transmission

NC TASSOPOULOS, GJ PAPAEEVANGELOU, A ROUMELIOTOU-KARAYANNIS, JR TICEHURST, SM FEINSTONE, RH PURCELL (Athens, Greece). *Am J Epidemiol* 1987;126:587-91.

Efficacy of commercial condoms in the prevention of hepatitis B virus infection

GY MINUK, CE BOHME, TJ BOWEN, *et al* (Calgary, Canada). *Gastroenterology* 1987;93:710-4.

Genitourinary bacteriology

Gardnerella vaginalis in prepubertal girls

DL BARTLEY, L MORGAN, ME RIMSZA (Phoenix, USA). *Am J Dis Child* 1987;141:1014-7.

Two hundred and fifty six children were enrolled into this prospective study to establish the importance of isolating *Gardnerella vaginalis* from the vagina of prepubertal children. Group 1 consisted of 137 girls being evaluated for known or suspected sexual abuse. The authors stated that 117 of these had a definite history or physical findings, or both, consistent with sexual abuse, with the other 20 being included as being at high risk because a sibling had been sexually abused. The criteria for diagnosing sexual abuse were not defined. Group 2 consisted of 48 girls being evaluated for genitourinary complaints, such as vaginitis, in whom "experienced physicians" found no historical or physical evidence of sexual abuse. Group 3 consisted of 71 girls who were symptom free and for whom there was no suspicion of sexual abuse.

G vaginalis was isolated from 20 patients (14.6%) in group 1, two patients (4.2%) in group 2, and three patients (4.2%) in group 3. Isolation of *G vaginalis* is therefore not a specific marker of sexual abuse. Several statistical analyses are then described. Possibly the most interesting of these is that there was no correlation between *G vaginalis* colonisation and either symptoms or physical findings.

The weakness of the study (and most other studies of child sexual abuse) is in defining whether or not sexual abuse has taken place. Some patients in group 1 will almost certainly not have been abused, and it is probable that some patients in groups 2 and 3 will have suffered sexual abuse. These difficulties aside, this paper presents no evidence to suggest that routine screening for *G vaginalis* is of significant benefit in the assessment of suspected child sexual abuse. The search for reliable bacteriological markers of sexual abuse must therefore continue.

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Local treatment for bacterial vaginosis

CA ISON, RFH TAYLOR, C LINK, P BUCKETT, JRW HARRIS, CSF EASMON (London, England). *Br Med J* 1987;295:886.

Amoxycillin, amoxycillin-clavulanic acid and metronidazole in the treatment of clue-cell positive discharge. A comparative clinical and laboratory study

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Sexual activity, contraceptive use, and other risk factors for symptomatic and asymptomatic bacteriuria: a case-control study

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Quantitative bacteriology of the vaginal flora during the menstrual cycle

M WILKS, S TABAQCHALI (London, England). *J Med Microbiol* 1987;24:241-5.

Quantitative assessment of vaginal microflora during use of tampons of various compositions

AB ONDERDONK, GR ZAMARCHI, ML RODRIGUEZ, ML HIRSCH, A MUÑOZ, EH KASS (Boston, USA). *Appl Environ Microbiol* 1987;53:2774-8.

Public health and social aspects

Gonorrhea and syphilis in incarcerated urban adolescents: prevalence and physical signs

T ALEXANDER-RODRIGUEZ, SH VERMUND (New York, USA). *Pediatrics* 1987;80:561-4.

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Penile cancer: is there an epidemiological role for smoking and sexual behaviour?

D HELLBERG, J VALENTIN, T EKLUND, S NILSSON (Falun, Sweden). *Br Med J* 1987;295:1306-8.

Sexual practices, sexually transmitted dis-

eases, and the incidence of anal cancer

JR DALING, NS WEISS, G HISLOP, *et al* (Seattle, USA). *N Engl J Med* 1987;317:973-7.

To elucidate the risk factors for anal cancer, the authors interviewed and obtained blood specimens from 148 people with anal cancer and from 166 controls with colonic cancer, who were identified from records of population based cancer registers from 1978 to 1985. Their study was based on a patient interview (focussing on sexual orientation and practices), a history of genital infections (particularly genital warts) and the use of alcohol, tobacco, and "social" drugs. Evaluation of differences between patients and controls was examined by uncontrolled logistic regression. As further evidence of past sexually transmitted infections, serological assays were performed to measure antibodies to herpes simplex virus (HSV) types 1 and 2, cytomegalovirus, hepatitis A and B, *Treponema pallidum*, and *Chlamydia trachomatis*.

The results showed that in men a history of receptive anal intercourse was strongly associated with the occurrence of anal cancer (relative risk 33.1), whereas in women there was only a weak association. In both sexes, squamous cell tumours of the anus were strongly associated with a history of genital warts. The high relative risk applied only to squamous cell cancers, and not to transitional cell cancer of the anus. In patients with no history of genital warts, an interesting finding was that anal cancer was associated with a history of gonorrhoea in heterosexual men (relative risk 17.2) but not in women, although in women there was an association between seropositivity for HSV type 2 and *C trachomatis* and anal cancer. Current cigarette smoking was found to be a substantial risk factor in both sexes; this association did not apply to former smokers. Patients with cancer of a nearby site, the colon, had been chosen as controls to minimise potential case control differences and to avoid selection bias, in that the incidence of colonic cancer does not appear to be related to either homosexual behaviour or cigarette smoking.

The authors concluded that anal intercourse may predispose to anal cancer as a result of transmission of an infection, and that, because squamous cell tumours of the anus were associated with a history of genital warts, this is most probably human papillomavirus infection. Their data also suggested that certain other sexually transmitted infections may play a part in the development of anal cancer.

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